

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF GEORGIA (ALL DIVISIONS)

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	My Kidz Dentist PC	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	20-8949292	
4. Debtor's address	Principal place of business 1741 Newnan Crossing Blvd Newnan, GA 30265 Number, Street, City, State & ZIP Code Coweta County	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

Debtor **My Kidz Dentist PC**
Name

Case number (if known)

7. Describe debtor's business*A. Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?*Check one:*

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No.

☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☐ No

☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	See Attachment	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **My Kidz Dentist PC**
Name

Case number (if known)

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☐ 1-49☒ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **My Kidz Dentist PC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 13, 2019**
MM / DD / YYYY**X /s/ Dr. Lona Bibbs-Walker**

Signature of authorized representative of debtor

Title

Dr. Lona Bibbs-Walker

Printed name

18. Signature of attorney**X /s/ Ian M. Falcone**

Signature of attorney for debtor

Date **December 13, 2019**

MM / DD / YYYY

Ian M. Falcone 254470

Printed name

The Falcone Law Firm, P.C.

Firm name

**363 Lawrence Street
Marietta, GA 30060**

Number, Street, City, State & ZIP Code

Contact phone **(770) 426-9359**Email address **attorneys@falconefirm.com****254470 GA**

Bar number and State

Debtor **My Kidz Dentist PC**
Name

Case number (if known)

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF GEORGIA (ALL DIVISIONS)

Case number (if known)

Chapter

11☐ Check if this an amended filing**FORM 201. VOLUNTARY PETITION****Pending Bankruptcy Cases Attachment**Debtor **My Kidz Dentist of Carrollton**

Relationship to you

AffiliateDistrict **Northern District of GA- NEWNAN**When **12/13/19**

Case number, if known

Debtor **My Kidz Dentist of Fayetteville**

Relationship to you

AffiliateDistrict **Nothern District of GA-NEWNAN**When **12/13/19**

Case number, if known

Fill in this information to identify the case:Debtor name My Kidz Dentist PCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA (ALL DIVISIONS)

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 13, 2019**X /s/ Dr. Lona Bibbs-Walker**

Signature of individual signing on behalf of debtor

Dr. Lona Bibbs-Walker

Printed name

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **My Kidz Dentist PC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF
GEORGIA (ALL DIVISIONS)**

Case number (if known): _____

☐ Check if this is an
amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Avesis c/o Steve Maniloff/Montgomery 1735 Market Street Philadelphia, PA 19103		Medicaid Overpayment				\$216,184.00
Axos Bank 9205 W. Russell Rd, Ste 400 Las Vegas, NV 89148		15th Priority inventory, goods, equipment, accounts, ARs chattel paper, equipment, intangibles, furiture,		\$254,227.00	\$0.00	\$254,227.00
Balboa Capital PO BOx 15270 Irvine, CA 92623		Business Loan				\$61,084.00
CapFlow 2232 Brigham Street #5 Brooklyn, NY 11229		Business Loan				\$21,585.00
Chase Ink Business Card Card Services PO Box 15298 Wilmington, DE 19850		Credit card purchases				\$12,870.00
Communtiy Bank of Pickens Co 15 Sammy McGhee Blvd Jasper, GA 30143		3rd Priority Fixtures, equipment, ARs, inventory, chattel paper, accounts, intangibles		\$553,786.00	\$0.00	\$553,786.00

Debtor **My Kidz Dentist PC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Communtiy Bank of Pickens Co 15 Sammy McGhee Blvd Jasper, GA 30143		4th Priority Fixtures, equipment, ARs, chattel paper, intangibles		\$491,970.00	\$0.00	\$491,970.00
Corporation Service Company as representative PO Box 2576 Springfield, IL 62708		6th Priority Accounts, proceeds, chattel paper, assets, fixtures, intangible s, equipment, inventory		\$21,585.00	\$0.00	\$21,585.00
IKUKA Capital 162 Elmora Ave Elizabeth, NJ 07202		Business Loan				\$29,980.00
Live Oak Bank 1741 Tiburon Drive Wilmington, NC 28403		1st priority Inventory, ARs, Chattel Paper, intangibles, equipment, fixtures, negotiable instrumetns, machinery, proceeds		\$170,007.00	\$0.00	\$170,007.00
Mr. Advance Capital LLC 116 Nassau Street, Ste 804 New York, NY 10038		18th Priority assets, accounts, ARs, chattel paper, inventory, equipment, intangibles		\$37,035.00	\$0.00	\$37,035.00
Opportunity Fund Community Dev 111 W. Saint John Street San Jose, CA 95113-1113		12th Priority Equipment, ARs, Accounts, chattel papter, negotiable intruments, allests, inventory intangibles, assets		\$44,678.00	\$0.00	\$44,678.00
Patterson Dental 1775 W. Oak Parkway #500 Marietta, GA 30062		Supplier				\$44,304.00
Pawnee Leasing Corp 700 Centre Ave Fort Collins, CO 80528		5th Priority assets, chattel paper, accounts, secuity deposits, certain equipment	Disputed	\$15,813.00	\$0.00	\$15,813.00

Debtor **My Kidz Dentist PC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Payroll Funding Company 10785 W. Twain Ave, Ste 200 Las Vegas, NV 89135		17th Priority accounts, goods, intangibles		\$36,923.00	\$0.00	\$36,923.00
PW Funding LLC 3300 Highlands Pkwy, Ste 290 Smyrna, GA 30082		14th Priority Personal property, accounts, contract s, chattel paper, insuranace receivables, intagibles, equipment, inventory,		\$63,529.00	\$0.00	\$63,529.00
Stearns Bank NA 500 13th Street Albany, MN 56307		Fixtures and equipment, Nomad Pro2 introral xray, Dell Computers, Saxis sensor system, scaler, panoramix xray, sterilizer, imaging system, cleansor,		\$95,953.00	\$0.00	\$95,953.00
Total Merchant Resources 377 Hoes Lane , Ste 240 Piscataway, NJ 08854		Business Loan				\$31,722.92
United Health Care All Savers PO Box 31375 Salt Lake City, UT 84131		Services				\$13,811.00
Viva Healthcare Funding LLC 8981 Castner Drive, ste E El Paso, TX 79907		9th Priority assets, Ars,		\$476,000.00	\$0.00	\$476,000.00

Fill in this information to identify the case:

Debtor name **My Kidz Dentist PC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA (ALL DIVISIONS)**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **6,266,597.00****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **6,266,597.00****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **2,296,506.27****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **493,133.92****4. Total liabilities**
Lines 2 + 3a + 3b\$ **2,789,640.19**

Fill in this information to identify the case:Debtor name My Kidz Dentist PCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA (ALL DIVISIONS)

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Wells FargoChecking9628\$447.003.2. Suntrust (balance as of Nov 30, 2019Checking2296\$8,037.00**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$8,484.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

Debtor My Kidz Dentist PC Case number (If known) _____
Name

11b. Over 90 days old: 480,771.82 - 345,658.82 =.... \$135,113.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.** **\$135,113.00**
Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Dental supplies	11/2019	Unknown		\$17,000.00

23. **Total of Part 5.** **\$17,000.00**
Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.

Debtor My Kidz Dentist PC Case number (If known) _____
Name

☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Office equipment, computer equipment, dental equipment	Unknown		\$50,000.00

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** Add lines 39 through 42. Copy the total to line 86. \$50,000.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	2014 Chevy Traverse	Unknown	KBB	\$14,000.00
47.2.	2015 Chevy Trax LS	Unknown	KBB	\$12,000.00
47.3.	2015 Chevy Silverado	Unknown	KBB	\$30,000.00

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Debtor My Kidz Dentist PC Case number (If known) _____
Name

51. **Total of Part 8.** **\$56,000.00**
Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**
☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			
Good Will of Business	Unknown		\$6,000,000.00

66. **Total of Part 10.** **\$6,000,000.00**
Add lines 60 through 65. Copy the total to line 89.

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?
☒ No
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**
☒ No
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

Debtor My Kidz Dentist PC Case number (If known) _____
Name

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **My Kidz Dentist PC**
Name

Case number (If known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$8,484.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$135,113.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$17,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$50,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$56,000.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$6,000,000.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$6,266,597.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$6,266,597.00

Fill in this information to identify the case:Debtor name **My Kidz Dentist PC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA (ALL DIVISIONS)**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Alfa Advance LLC <small>Creditor's Name</small> 31-10 37th Ave, Ste 202 Long Island City, NY 11109 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 3/18/2019 Last 4 digits of account number 0897 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 8th Priority Receivables, inventory, equipment, accounts, intangibles Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
2.2	Ally Financial <small>Creditor's Name</small> PO Box 380901 Minneapolis, MN 55438 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number 3933 Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien 2015 Chevy Silverado Describe the lien Car Loan Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$16,998.00	\$30,000.00

Debtor **My Kidz Dentist PC** Case number (if know) _____
Name

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.
- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.3 Axos Bank Creditor's Name 9205 W. Russell Rd, Ste 400 Las Vegas, NV 89148 Creditor's mailing address Creditor's email address, if known Date debt was incurred 3/31/2019 Last 4 digits of account number 9700 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 15th Priority inventory, goods, equipment, accounts, ARs chattel paper, equipment, intangibles, furniture, Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$254,227.00 \$0.00
--	--	--------------------------------------

2.4 Communtiy Bank of Pickens Co Creditor's Name 15 Sammy McGhee Blvd Jasper, GA 30143 Creditor's mailing address Creditor's email address, if known Date debt was incurred 7/30/2015 Last 4 digits of account number 8143 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 3rd Priority Fixtures, equipment, ARs, inventory, chattel paper, accounts, intangibles Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$553,786.00 \$0.00
---	--	--------------------------------------

2.5 Communtiy Bank of Pickens Co Creditor's Name 15 Sammy McGhee Blvd Jasper, GA 30143 Creditor's mailing address	Describe debtor's property that is subject to a lien 4th Priority Fixtures, equipment, ARs, chattel paper, intangibles Describe the lien UCC-1	\$491,970.00 \$0.00
---	---	--------------------------------------

Debtor **My Kidz Dentist PC** Case number (if know) _____
Name

Creditor's email address, if known

Date debt was incurred

7/30/2015

Last 4 digits of account number

8144

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.6

Corporation Service Company

Creditor's Name

as representative

PO Box 2576

Springfield, IL 62708

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

10/25/2018

Last 4 digits of account number

7798

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$0.00

\$0.00

7th Priority

Accounts, Chattel paper, ARs, intangibles, inventory, equipment.proceeds and products

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.7

Corporation Service Company

Creditor's Name

as representative

PO Box 2576

Springfield, IL 62708

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

6/27/2018

Last 4 digits of account number

0457

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

Unknown

\$0.00

7th Priority

See also Legend Advanced inventory, machinery, equipment, fixtures, ARs, negotiable instruments, chattel paper, intangibles

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **My Kidz Dentist PC** Case number (if know) _____
Name

- ☒ No ☐ Contingent
☐ Yes. Specify each creditor, including this creditor and its relative priority. ☐ Unliquidated ☐ Disputed

2.8	Corporation Service Company <small>Creditor's Name</small> as representative PO Box 2576 Springfield, IL 62708 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 7/19/2016 Last 4 digits of account number 0145 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 6th Priority Accounts, proceeds, chattel paper, assets, fixtures, intangibles, equipment, inventory <hr/> Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$21,585.00 <hr/> \$0.00
-----	--	---	---

2.9	Corporation Service Company <small>Creditor's Name</small> as representative PO Box 2576 Springfield, IL 62708 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 6/9/2015 Last 4 digits of account number 6154 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 2nd Priority Proceeds, assets <hr/> Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 <hr/> \$0.00
-----	---	---	--------------------------------------

2.10	CT Corporation systems <small>Creditor's Name</small> as representative 330 N. Brand Blvd, Ste 700 Glendale, CA 91203 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien 16th Priority assets, accounts, Ars, chattel paper, equipment intangibles, inventory <hr/> Describe the lien UCC-1	\$0.00 <hr/> \$0.00
------	--	--	--------------------------------------

Debtor **My Kidz Dentist PC** Case number (if know) _____

Name

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Creditor's email address, if known

Date debt was incurred

8/26/2019

Last 4 digits of account number

8196

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

2.1
1

De Lage Landen Financial

Creditor's Name

**111 Old Eagle School Rd
Wayne, PA 19087**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

12/3/2018

Last 4 digits of account number

8722

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Equipment - Copier

\$3,524.27

\$0.00

Describe the lien

Equipment Loan

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
2

Dell Financial Services LLC

Creditor's Name

**MS-PS2DF-23 One Dell Way
Round Rock, TX 78682**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

12/21/2018

Last 4 digits of account number

8001

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Computer Equipment

\$0.00

\$0.00

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor **My Kidz Dentist PC** Case number (if know) _____
Name

2.1 3	Financial Pacific Leasing Inc Creditor's Name PO Box 4568 Federal Way, WA 98063 Creditor's mailing address Creditor's email address, if known Date debt was incurred 9/9/2014 Last 4 digits of account number 6510 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Equipment and Proceeds Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
----------	--	---	---------------	---------------

2.1 4	General Electric Capital Corp Creditor's Name 1 Beacon Street Boston, MA 02108-3107 Creditor's mailing address Creditor's email address, if known Date debt was incurred 11/14/2017 Last 4 digits of account number 1166 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Communications equipment Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
----------	--	---	----------------	---------------

2.1 5	General Electric Capital Corp Creditor's Name 1 Beacon Street Boston, MA 02108-3107 Creditor's mailing address Creditor's email address, if known Date debt was incurred	Describe debtor's property that is subject to a lien communication equipment Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No	Unknown	\$0.00
----------	--	---	----------------	---------------

Debtor **My Kidz Dentist PC** Case number (if know) _____
Name

11/14/2007

Last 4 digits of account number

1159

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
6 **Innovative Energy Solutions**

Creditor's Name

**575 Anton Blvd, 12th Floor
Costa Mesa, CA 92626-7169**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

4/26/2018

Last 4 digits of account number

6520

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Equipment and Fixtures

Unknown

\$0.00

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
7 **Legend Advance Funding II**

Creditor's Name

**767 3rd Ave, 32 Floor
New York, NY 10017**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

0457

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**13th priority
ARs, accounts**

\$0.00

\$0.00

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
8 **LiftForward, Inc**

Describe debtor's property that is subject to a lien

\$0.00

\$0.00

Debtor **My Kidz Dentist PC** Case number (if know) _____

Name

Creditor's Name

**261 Madison Ave
New York, NY 10016**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

1/27/2016

Last 4 digits of account number

0225

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

11th Priority

Assets, fixtures, accounts, chattel paper, equipment, intangibles

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
9

Live Oak Bank

Creditor's Name

**1741 Tiburon Drive
Wilmington, NC 28403**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

10/5/2015

Last 4 digits of account number

0835

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$170,007.00

\$0.00

1st priority

Inventory, ARs, Chattel Paper, intangibles, equipment, fixtures, negotiable instrumetns, machinery, proceeds

Describe the lien

Business Loan

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.2
0

Mr. Advance Capital LLC

Creditor's Name

**116 Nassau Street, Ste 804
New York, NY 10038**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

11/18/2019

Last 4 digits of account number

Describe debtor's property that is subject to a lien

\$37,035.00

\$0.00

18th Priority

assets, accounts, ARs, chattel paper, inventory, equipment, intangibles

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **My Kidz Dentist PC** Case number (if know) _____
Name

1032

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

- Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.2
1 Opportunity Fund Community Dev

Creditor's Name

**111 W. Saint John Street
San Jose, CA 95113-1113**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

5/1/2018

**Last 4 digits of account number
7197**

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**12th Priority
Equipment, ARs, Accounts, chattel paper, negotiable instruments, allests, inventory intangibles, assets**

\$44,678.00

\$0.00

Describe the lien

UCC-1

Is the creditor an insider or related party?

- ☒ No
☐ Yes
Is anyone else liable on this claim?
☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.2
2 Pawnee Leasing Corp

Creditor's Name

**700 Centre Ave
Fort Collins, CO 80528**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

9/10/2016

**Last 4 digits of account number
9835**

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**5th Priority
assets, chattel paper, accounts, secuety deposits, certain equipment**

\$15,813.00

\$0.00

Describe the lien

UCC-1

Is the creditor an insider or related party?

- ☒ No
☐ Yes
Is anyone else liable on this claim?
☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
☐ Contingent
☐ Unliquidated
☒ Disputed

2.2
3 Payroll Funding Company

Describe debtor's property that is subject to a lien

\$36,923.00

\$0.00

Debtor **My Kidz Dentist PC** Case number (if know) _____
Name

Creditor's Name
**10785 W. Twain Ave, Ste 200
Las Vegas, NV 89135**
Creditor's mailing address

17th Priority
accounts, goods, intangibles

Describe the lien
UCC-1

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Creditor's email address, if known

Date debt was incurred

10/29/2019

Last 4 digits of account number

9838

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

2.2
4 **PW Funding LLC**

Creditor's Name

**3300 Highlands Pkwy, Ste 290
Smyrna, GA 30082**
Creditor's mailing address

Describe debtor's property that is subject to a lien

\$63,529.00

\$0.00

14th Priority
Personal property, accounts, contracts, chattel paper, insurance receivables, intangibles, equipment, inventory,

Describe the lien
UCC-1

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Creditor's email address, if known

Date debt was incurred

5/2/2019

Last 4 digits of account number

8666

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

2.2
5 **Stearns Bank NA**

Creditor's Name

**500 13th Street
Albany, MN 56307**
Creditor's mailing address

Describe debtor's property that is subject to a lien

\$95,953.00

\$0.00

Fixtures and equipment, Nomad Pro2 introral xray, Dell Computers, Saxis sensor system, scaler, panoramix xray, sterilizer, imaging system, cleansor,

Describe the lien
UCC-1

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

9/28/2018

Debtor **My Kidz Dentist PC** Case number (if know) _____
Name

Last 4 digits of account number
0525

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

- Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.2
6 **Viva Healthcare Funding LLC**

Creditor's Name

**8981 Castner Drive, ste E
El Paso, TX 79907**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

3/19/2019

Last 4 digits of account number

1106

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**10th Priority
assets, ARs,**

Unknown

\$0.00

Describe the lien

UCC-1

Is the creditor an insider or related party?

- ☒ No
☐ Yes
Is anyone else liable on this claim?
☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.2
7 **Viva Healthcare Funding LLC**

Creditor's Name

**8981 Castner Drive, ste E
El Paso, TX 79907**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

3/19/2019

Last 4 digits of account number

4632

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**9th Priority
assets, Ars,**

\$476,000.00

\$0.00

Describe the lien

UCC-1

Is the creditor an insider or related party?

- ☒ No
☐ Yes
Is anyone else liable on this claim?
☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.2
8 **Wells Fargo Dealer Services**

Describe debtor's property that is subject to a lien

\$5,813.00

\$14,000.00

Debtor **My Kidz Dentist PC** Case number (if know) _____
Name

Creditor's Name

2014 Chevy Traverse

**PO Box 997517
Sacramento, CA 95899**

Creditor's mailing address

Describe the lien

Car Loan

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

**Last 4 digits of account number
3753**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.2
9 Wells Fargo Dealer
Services**

Creditor's Name

Describe debtor's property that is subject to a lien

\$8,665.00

\$12,000.00

2015 Chevy Trax LS

**PO Box 997517
Sacramento, CA 95899**

Creditor's mailing address

Describe the lien

Car Loan

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

**Last 4 digits of account number
8912**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$2,296,506.2
7**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Capitol Services
PO Box 1831
Austin, TX 78767**

Line **2.23**

Debtor	Name	Case number (if know)
	My Kidz Dentist PC	
	CSC 801 Adial Stevenson Drive Springfield, IL 62703	Line <u>2.6</u>
	CSC 801 Adial Stevenson Drive Springfield, IL 62703	Line <u>2.7</u>
	CSC 801 Adial Stevenson Drive Springfield, IL 62703	Line <u>2.8</u>
	CSC 801 Adial Stevenson Drive Springfield, IL 62703	Line <u>2.18</u>
	CSC 801 Adial Stevenson Drive Springfield, IL 62703	Line <u>2.25</u>
	CSC 801 Adial Stevenson Drive Springfield, IL 62703	Line <u>2.9</u>
	CSC 801 Adial Stevenson Drive Springfield, IL 62703	Line <u>2.19</u>
	CSC 801 Adial Stevenson Drive Springfield, IL 62703	Line <u>2.20</u>
	CSC 801 Adial Stevenson Drive Springfield, IL 62703	Line <u>2.3</u>
	CT Lien Solutions PO Box 29071 Glendale, CA 91209-9071	Line <u>2.13</u>
	Hayden Kepner, Esq. Scroggins & Williamson 4401 Northside Pkwy, Ste 450 Atlanta, GA 30327	Line <u>2.26</u>
	Hayden Kepner, Esq. Scroggins & Williamson 4401 Northside Pkwy, Ste 450 Atlanta, GA 30327	Line <u>2.27</u>
	Jeffrey Schaefer Lease Direct PO BOx 6980 Wayne, PA 19087	Line <u>2.11</u>
	Kitchens Kelley Gaynes PC Glenridge Highlands One 5555 Glenridge Conn, Ste 800 Atlanta, GA 30342	Line <u>2.4</u>

Debtor	Name	Case number (if know)
	My Kidz Dentist PC	
	Kitchens Kelley Gaynes PC Glenridge Highlands One 5555 Glenridge Conn, Ste 800 Atlanta, GA 30342	Line <u>2.5</u>
	Lien Solutions PO Box 29071 Glendale, CA 91209-9071	Line <u>2.12</u>
	Lien Solutions PO Box 29071 Glendale, CA 91209-9071	Line <u>2.21</u>
	Lien Solutions PO Box 29071 Glendale, CA 91209-9071	Line <u>2.16</u>
	Lien Solutions PO Box 29071 Glendale, CA 91209-9071	Line <u>2.24</u>
	Lien Solutions PO Box 29071 Glendale, CA 91209-9071	Line <u>2.1</u>
	Lien Solutions PO Box 29071 Glendale, CA 91209-9071	Line <u>2.10</u>
	Lift Forward Inc 180 Maiden Lane, 10th Floor New York, NY 10038	Line <u>2.18</u>
	Lynn Carroll, Esq. Building 1, Ste 400 101 Village Parkway Marietta, GA 30067	Line <u>2.4</u>
	Lynn Carroll, Esq. Building 1, Ste 400 101 Village Parkway Marietta, GA 30067	Line <u>2.5</u>
	Mark Good, Esq. 7415 Elgeberry Street Suite 102 Gilroy, CA 95020	Line <u>2.21</u>
	MCA Recovery LLC Zachary Chsin 17 State Street, Ste 4000 New York, NY 10004	Line <u>2.20</u>
	Melissa Lommel 500 13th Street PO BOx 750 Albany, MN 56307	Line <u>2.25</u>
	Mike Marshall Viva Capital Funding 11427 Rojas Drive, ste A El Paso, TX 79936	Line <u>2.26</u>

Debtor	My Kidz Dentist PC Name	Case number (if know)
	Mike Marshall Viva Capital Funding 11427 Rojas Drive, ste A El Paso, TX 79936	Line <u>2.27</u>
	World Business Lending 101 Hudson Street, 33rd Floor Jersey City, NJ 07302	Line <u>2.3</u>

Fill in this information to identify the case:Debtor name My Kidz Dentist PCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA (ALL DIVISIONS)

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address ADT Protection 1 830 Franklin Court, Ste A Marietta, GA 30067 Date(s) debt was incurred _____ Last 4 digits of account number <u>9834</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$436.00
3.2	Nonpriority creditor's name and mailing address Airgas 2015 Vaughn Road, Bldg 400 Kennesaw, GA 30144 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,022.00
3.3	Nonpriority creditor's name and mailing address Ansafone 101 NE 2nd Street Ocala, FL 34470 Date(s) debt was incurred _____ Last 4 digits of account number <u>3607</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,276.00
3.4	Nonpriority creditor's name and mailing address Atlanta Dental 1650 Satellite Blvd Duluth, GA 30097 Date(s) debt was incurred _____ Last 4 digits of account number <u>4404</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$9,097.00

Debtor	My Kidz Dentist PC Name	Case number (if known)
--------	-----------------------------------	------------------------

3.5	Nonpriority creditor's name and mailing address Avesis c/o Steve Maniloff/Montgomery 1735 Market Street Philadelphia, PA 19103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medicaid Overpayment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$216,184.00</u>
-----	---	---	----------------------------

3.6	Nonpriority creditor's name and mailing address Balboa Capital PO BOX 15270 Irvine, CA 92623 Date(s) debt was incurred ____ Last 4 digits of account number <u>2421</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$61,084.00</u>
-----	---	--	---------------------------

3.7	Nonpriority creditor's name and mailing address Bank of America PO Box 982234 El Paso, TX 79998 Date(s) debt was incurred ____ Last 4 digits of account number <u>0134</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,683.00</u>
-----	--	--	--------------------------

3.8	Nonpriority creditor's name and mailing address Bank of America PO Box 982234 El Paso, TX 79998 Date(s) debt was incurred ____ Last 4 digits of account number <u>7606</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,003.00</u>
-----	--	--	--------------------------

3.9	Nonpriority creditor's name and mailing address Blalock Heating and Air 111 Church Alley Brooks, GA 30205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,011.00</u>
-----	--	---	--------------------------

3.10	Nonpriority creditor's name and mailing address CapFlow 2232 Brigham Street #5 Brooklyn, NY 11229 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$21,585.00</u>
------	--	--	---------------------------

3.11	Nonpriority creditor's name and mailing address Chase Ink Business Card Card Services PO Box 15298 Wilmington, DE 19850 Date(s) debt was incurred ____ Last 4 digits of account number <u>6147</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,730.00</u>
------	--	--	--------------------------

Debtor	My Kidz Dentist PC Name _____	Case number (if known) _____
--------	---	------------------------------

3.12	Nonpriority creditor's name and mailing address Chase Ink Business Card Card Services PO Box 15298 Wilmington, DE 19850 Date(s) debt was incurred _____ Last 4 digits of account number 5909	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,870.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address Cheng Crowns PO box 5001 Exton, PA 19341 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,019.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address Clark Pest Remedy 3548 Jodeco Rd McDonough, GA 30253 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$125.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address Darby Dental Supply 300 Jericho Quadrangle LI Jericho, NY 11753 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,896.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address Hammond Heating & Air 3412 Galilee Rd Jacksonville, FL 32207 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	Nonpriority creditor's name and mailing address Home Depot PO Box 182676 Columbus, OH 43218 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,646.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address IKUKA Capital 162 Elmora Ave Elizabeth, NJ 07202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$29,980.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	My Kidz Dentist PC Name		Case number (if known)
--------	-----------------------------------	--	------------------------

3.19	Nonpriority creditor's name and mailing address LEAF Capital Funding LLC 1 Commerce Square 2005 Market Street, Philadelphia, PA 19103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
------	--	---	-------------------

3.20	Nonpriority creditor's name and mailing address NuLink 2-A Jackson Street Newnan, GA 30263 Date(s) debt was incurred ____ Last 4 digits of account number <u>4935</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,414.00
------	--	--	-------------------

3.21	Nonpriority creditor's name and mailing address Ora Labs 18685 E. Plaza Drive Parker, CO 80134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,429.00
------	---	--	-------------------

3.22	Nonpriority creditor's name and mailing address Patterson Dental 1775 W. Oak Parkway #500 Marietta, GA 30062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,304.00
------	---	--	--------------------

3.23	Nonpriority creditor's name and mailing address Quench Water 630 Allendale Rd, Ste 200 King of Prussia, PA 19406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,414.00
------	---	--	-------------------

3.24	Nonpriority creditor's name and mailing address RPM Rewards LLC 340 Youngs Cir Fayetteville, GA 30215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,142.00
------	--	--	-------------------

3.25	Nonpriority creditor's name and mailing address Total Merchant Resources 377 Hoes Lane , Ste 240 Piscataway, NJ 08854 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,722.92
------	--	---	--------------------

Debtor	My Kidz Dentist PC	Case number (if known)	
	<small>Name</small>		

3.26	Nonpriority creditor's name and mailing address United Health Care All Savers PO Box 31375 Salt Lake City, UT 84131 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,811.00
------	--	--	--------------------

Part 3:

List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
--------------------------	---	---

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1 5b. Total claims from Part 2 5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	<table border="0" style="width: 100%;"> <tr> <td colspan="2"></td> <td style="text-align: center; background-color: #f0f0f0;">Total of claim amounts</td> </tr> <tr> <td style="width: 5%;">5a.</td> <td style="width: 5%;">\$</td> <td style="text-align: right; border-bottom: 1px solid black;">0.00</td> </tr> <tr> <td>5b.</td> <td>+</td> <td style="text-align: right; border-bottom: 1px solid black;">493,133.92</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right; border: 1px solid black; padding: 5px;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$</div> <div style="text-align: right;">493,133.92</div> </td> </tr> <tr> <td>5c.</td> <td>\$</td> <td style="text-align: right; border-bottom: 1px solid black;">493,133.92</td> </tr> </table>			Total of claim amounts	5a.	\$	0.00	5b.	+	493,133.92			<div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$</div> <div style="text-align: right;">493,133.92</div>	5c.	\$	493,133.92
		Total of claim amounts														
5a.	\$	0.00														
5b.	+	493,133.92														
		<div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$</div> <div style="text-align: right;">493,133.92</div>														
5c.	\$	493,133.92														

Fill in this information to identify the case:

Debtor name **My Kidz Dentist PC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA (ALL DIVISIONS)**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Has prepaid until 10/2022**State the term remaining **10/2022**

List the contract number of any government contract _____

**Alliance Orthodontics
1741 Newnan Crossing
Newnan, GA 30265**2.2. State what the contract or lease is for and the nature of the debtor's interest **Future Receivables sale and purchase agreement**State the term remaining **unknown**

List the contract number of any government contract _____

**Mr. Advance Capital LLC
116 Nassau Street, Ste 804
New York, NY 10038**2.3. State what the contract or lease is for and the nature of the debtor's interest **Lease for Newnan premissis**State the term remaining **5 years**

List the contract number of any government contract _____

Newnan Associates LLC

Fill in this information to identify the case:Debtor name **My Kidz Dentist PC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA (ALL DIVISIONS)**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.***Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*2.1 **Lona Bibbs-Walker** **193 Stanley Road
Fayetteville, GA 30214****Legend Advance
Funding II**☒ D **2.17**
☐ E/F _____
☐ G _____2.2 **Lona Bibbs-Walker** **193 Stanley Road
Fayetteville, GA 30214****Viva Healthcare
Funding LLC**☒ D **2.27**
☐ E/F _____
☐ G _____2.3 **Lona Bibbs-Walker** **193 Stanley Road
Fayetteville, GA 30214****CT Corporation
systems**☒ D **2.10**
☐ E/F _____
☐ G _____2.4 **Lona Bibbs-Walker** **193 Stanley Road
Fayetteville, GA 30214****Wells Fargo Dealer
Services**☒ D **2.28**
☐ E/F _____
☐ G _____2.5 **Lona Bibbs-Walker** **193 Stanley Road
Fayetteville, GA 30214****Wells Fargo Dealer
Services**☒ D **2.29**
☐ E/F _____
☐ G _____

Debtor **My Kidz Dentist PC**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Lona Bibbs-Walker	193 Stanley Road Fayetteville, GA 30214	Ally Financial	<input checked="" type="checkbox"/> D 2.2 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	--------------------------	--	-----------------------	--

2.7	My Dental Career & Staffing LL	193 Stanley Rd Fayetteville, GA 30214	Mr. Advance Capital LLC	<input checked="" type="checkbox"/> D 2.20 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	---	--	--------------------------------	---

2.8	My Dental Career & Staffing LL	193 Stanley Rd Fayetteville, GA 30214	CT Corporation systems	<input checked="" type="checkbox"/> D 2.10 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	---	--	-------------------------------	---

2.9	My Kidz Dentist	Of Fayetteville 193 Stanley Rd Fayetteville, GA 30214	Corporation Service Company	<input checked="" type="checkbox"/> D 2.6 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	------------------------	--	------------------------------------	--

2.10	My Kidz Dentist	of Carrollton LLC 1124 N. Park Street, Ste 202 Carrollton, GA 30117	Corporation Service Company	<input checked="" type="checkbox"/> D 2.6 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
------	------------------------	--	------------------------------------	--

2.11	My Kidz Dentist	Of Fayetteville 193 Stanley Rd Fayetteville, GA 30214	Mr. Advance Capital LLC	<input checked="" type="checkbox"/> D 2.20 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
------	------------------------	--	--------------------------------	---

2.12	My Kidz Dentist	of Carrollton LLC 1124 N. Park Street, Ste 202 Carrollton, GA 30117	Mr. Advance Capital LLC	<input checked="" type="checkbox"/> D 2.20 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
------	------------------------	--	--------------------------------	---

Debtor **My Kidz Dentist PC**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.13	My Kidz Dentist	Of Fayetteville 193 Stanley Rd Fayetteville, GA 30214	Viva Healthcare Funding LLC	<input checked="" type="checkbox"/> D 2.26 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.14	My Kidz Dentist	Of Fayetteville 193 Stanley Rd Fayetteville, GA 30214	Pawnee Leasing Corp	<input checked="" type="checkbox"/> D 2.22 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.15	My Kidz Dentist	Of Fayetteville 193 Stanley Rd Fayetteville, GA 30214	Alfa Advance LLC	<input checked="" type="checkbox"/> D 2.1 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.16	My Kidz Dentist	of Carrollton LLC 1124 N. Park Street, Ste 202 Carrollton, GA 30117	Alfa Advance LLC	<input checked="" type="checkbox"/> D 2.1 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.17	My Kidz Dentist	of Carrollton LLC 1124 N. Park Street, Ste 202 Carrollton, GA 30117	CT Corporation systems	<input checked="" type="checkbox"/> D 2.10 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.18	My Kidz Dentist	Of Fayetteville 193 Stanley Rd Fayetteville, GA 30214	IKUKA Capital	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.18 <input type="checkbox"/> G _____
<hr/>				
2.19	My Kidz Dentist	of Carrollton LLC 1124 N. Park Street, Ste 202 Carrollton, GA 30117	CapFlow	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.10 <input type="checkbox"/> G _____
<hr/>				

Fill in this information to identify the case:

Debtor name My Kidz Dentist PC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA (ALL DIVISIONS)

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2019 to **Filing Date**

Sources of revenue
Check all that apply

☐ Operating a business
Operating a business (through September 30, 2019)
☒ Other _____

Gross revenue
(before deductions and exclusions)

\$1,987,549.00

For prior year:
From 1/01/2018 to 12/31/2018

☒ Operating a business
☐ Other _____

\$3,736,526.00

For year before that:
From 1/01/2017 to 12/31/2017

☒ Operating a business
☐ Other _____

\$2,293,154.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **My Kidz Dentist PC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Viva Healthcare Funding LLC 8981 Castner Drive, ste E El Paso, TX 79907	9/2019; 10/2019	\$40,794.76	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.2. Atlanta Dental 1650 Satellite Blvd Duluth, GA 30097	9/2019; 10/2019; 11/2019	\$7,372.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.3. Aquina 3300 Highlands Parkway #290 Smyrna, GA 30082		\$34,341.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.4. Kids Crowns		\$9,023.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.5. Axos Bank 9205 W. Russell Rd, Ste 400 Las Vegas, NV 89148		\$32,194.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

Debtor **My Kidz Dentist PC**

Case number (if known) _____

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Avesis Steven Maniloff 1735 Market Street Philadelphia, PA 19103	Withholding medicaid payments Last 4 digits of account number: _____	August 2018 to date	\$360,000.00

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Viva Capital Funding LLC vs My Kidz Dentist PC et al SUV2019001345-MB	Contract/Contempt	Superior Court of Coweta County Georgia 72 Greenville Street Newnan, GA 30263	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Opportunity Fund Community Development vs My Kidz Dentist 19CV358957	Contract	Superior Court of Santa Clara California 191 North First Street San Jose, CA 95113	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Community Bank of Pickens County vs My Kidz Dentist et al 19SV0522E	Foreclosure of Personal Property	State court of Coweta County GA Coweta County Justice Center 72 Greenville Street Newnan, GA 30263	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Debtor **My Kidz Dentist PC**

Case number (if known) _____

Description of the property lost and how the loss occurred**Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Dates of loss**Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.**Who was paid or who received the transfer?
Address****If not money, describe any property transferred****Dates****Total amount or value**11.1. **The Falcone Law Firm, P.C.
363 Lawrence Street
Marietta, GA 30060****Attorney Fees****12/2019****\$20,000.00****Email or website address
attorneys@falconefirm.com****Who made the payment, if not debtor?****12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.**Name of trust or device****Describe any property transferred****Dates transfers were made****Total amount or value****13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.**Who received transfer?
Address****Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply**Address****Dates of occupancy
From-To****Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or

Debtor **My Kidz Dentist PC**

Case number (if known) _____

- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
☒ Yes. State the nature of the information collected and retained.

address, phone numbers, insurance information, social security numbers

Does the debtor have a privacy policy about that information?

- ☐ No
☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Bank of America	XXXX-	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	11/2/2019	\$0.00
18.2.	Chase Bank	XXXX-	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	2018	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor **My Kidz Dentist PC**

Case number (if known) _____

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

Debtor **My Kidz Dentist PC**

Case number (if known) _____

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address**Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

Dates business existed**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address**Date of service
From-To**

26a.1. **VAAS Professionals
325 Edgewood Ave
Atlanta, GA**

2209-2016

26a.2. **Etienne Business Solutions LLC
2004 Eastview Parkway, Ste 102
Conyers, GA 30013**

2016-2019

26a.3. **Frontline Tax Accounting Services
2470 Windy Hill Road
Marietta, GA 30067**

2019- Present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address**If any books of account and records are
unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

Debtor **My Kidz Dentist PC**

Case number (if known) _____

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Lona Bibbs	11/2019	500,000

Name and address of the person who has possession of inventory records

Lona Bibbs
1741 Newnan Crossing Blvd
Newnan, GA 30265

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Lona Bibbs	151 Southgate Blvd Stockbridge, GA 30281	President	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Lona Bibbs 193 Stanley Road Fayetteville, GA 30214	\$81,000.00	past year	salary
	Relationship to debtor President			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Debtor My Kidz Dentist PC

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 13, 2019

/s/ Dr. Lona Bibbs-Walker

Signature of individual signing on behalf of the debtor

Dr. Lona Bibbs-Walker

Printed name

Position or relationship to debtor _____

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Northern District of Georgia (ALL DIVISIONS)

In re **My Kidz Dentist PC**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	20,000.00 (filing fee included)
Prior to the filing of this statement I have received	\$	20,000.00 (Filing fee included)
Balance Due	\$	0.00
2. \$ **1717.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]

All fees will be billed to the Client or Bankruptcy Estate at the rate of \$350.00 per hour in increments of 1/10th of an hour, or any such other amount as determined by the court. Associate attorneys will be billed at \$200.00 per hour, paralegals at \$150.00 per hour and administrative assistants at \$50.00 per hour. All rates are billed in increments of 1/10th of an hour with minimum of 2/10th per hour for any task.

All fees are subject to court approval and any fees incurred after the filing of client's petition will not be dispersed until such agreement is approved by the court. In no case will client be billed directly nor will any additional fees be collected from client unless expressly authorized by the court.

Attorney may send bills to client from time to time to keep client informed of time incurred. Attorney shall not seek any additional compensation directly from client unless expressly authorized by the Court.
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

In re **My Kidz Dentist PC**

Debtor(s)

Case No. _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

December 13, 2019

Date

/s/ Ian M. Falcone

Ian M. Falcone 254470

Signature of Attorney

The Falcone Law Firm, P.C.

363 Lawrence Street

Marietta, GA 30060

(770) 426-9359 Fax: (770) 426-8968

attorneys@falconefirm.com

Name of law firm

United States Bankruptcy Court
Northern District of Georgia (ALL DIVISIONS)

In re My Kidz Dentist PC

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
--	----------------	----------------------	------------------

-NONE-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date December 13, 2019

Signature /s/ Dr. Lona Bibbs-Walker
Dr. Lona Bibbs-Walker

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
Northern District of Georgia (ALL DIVISIONS)**

In re **My Kidz Dentist PC**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **December 13, 2019**

/s/ Dr. Lona Bibbs-Walker

Dr. Lona Bibbs-Walker/

Signer/Title

ADT Protection 1
830 Franklin Court, Ste A
Marietta, GA 30067

Airgas
2015 Vaughn Road, Bldg 400
Kennesaw, GA 30144

Alfa Advance LLC
31-10 37th Ave, Ste 202
Long Island City, NY 11109

Alliance Orthodontics
1741 Newnan Crossing
Newnan, GA 30265

Ally Financial
PO Box 380901
Minneapolis, MN 55438

Ansafone
101 NE 2nd Street
Ocala, FL 34470

Atlanta Dental
1650 Satellite Blvd
Duluth, GA 30097

Avesis
c/o Steve Maniloff/Montgomery
1735 Market Street
Philadelphia, PA 19103

Axos Bank
9205 W. Russell Rd, Ste 400
Las Vegas, NV 89148

Balboa Capital
PO Box 15270
Irvine, CA 92623

Bank of America
PO Box 982234
El Paso, TX 79998

Blalock Heating and Air
111 Church Alley
Brooks, GA 30205

CapFlow
2232 Brigham Street #5
Brooklyn, NY 11229

Capitol Services
PO Box 1831
Austin, TX 78767

Chase Ink Business Card
Card Services
PO Box 15298
Wilmington, DE 19850

Cheng Crowns
PO box 5001
Exton, PA 19341

Clark Pest Remedy
3548 Jodeco Rd
McDonough, GA 30253

Communtiy Bank of Pickens Co
15 Sammy McGhee Blvd
Jasper, GA 30143

Corporation Service Company
as representative
PO Box 2576
Springfield, IL 62708

CSC
801 Adial Stevenson Drive
Springfield, IL 62703

CT Corporation systems
as representative
330 N. Brand Blvd, Ste 700
Glendale, CA 91203

CT Lien Solutions
PO Box 29071
Glendale, CA 91209-9071

Darby Dental Supply
300 Jericho Quadrangle Ll
Jericho, NY 11753

De Lage Landen Financial
111 Old Eagle School Rd
Wayne, PA 19087

Dell Financial Services LLC
MS-PS2DF-23 One Dell Way
Round Rock, TX 78682

Financial Pacific Leasing Inc
PO Box 4568
Federal Way, WA 98063

General Electric Capital Corp
1 Beacon Street
Boston, MA 02108-3107

Hammond Heating & Air
3412 Galilee Rd
Jacksonville, FL 32207

Hayden Kepner, Esq.
Scroggins & Williamson
4401 Northside Pkwy, Ste 450
Atlanta, GA 30327

Home Depot
PO Box 182676
Columbus, OH 43218

IKUKA Capital
162 Elmora Ave
Elizabeth, NJ 07202

Innovative Energy Solutions
575 Anton Blvd, 12th Floor
Costa Mesa, CA 92626-7169

Jeffrey Schaefer
Lease Direct
PO Box 6980
Wayne, PA 19087

Kitchens Kelley Gaynes PC
Glenridge Highlands One
5555 Glenridge Conn, Ste 800
Atlanta, GA 30342

LEAF Capital Funding LLC
1 Commerce Square
2005 Market Street,
Philadelphia, PA 19103

Legend Advance Funding II
767 3rd Ave, 32 Floor
New York, NY 10017

Lien Solutions
PO Box 29071
Glendale, CA 91209-9071

Lift Forward Inc
180 Maiden Lane, 10th Floor
New York, NY 10038

LiftForward, Inc
261 Madison Ave
New York, NY 10016

Live Oak Bank
1741 Tiburon Drive
Wilmington, NC 28403

Lona Bibbs-Walker
193 Stanley Road
Fayetteville, GA 30214

Lynn Carroll, Esq.
Building 1, Ste 400
101 Village Parkway
Marietta, GA 30067

Mark Good, Esq.
7415 Elgeberry Street
Suite 102
Gilroy, CA 95020

MCA Recovery LLC
Zachary Chsin
17 State Street, Ste 4000
New York, NY 10004

Melissa Lommel
500 13th Street
PO Box 750
Albany, MN 56307

Mike Marshall
Viva Capital Funding
11427 Rojas Drive, ste A
El Paso, TX 79936

Mr. Advance Capital LLC
116 Nassau Street, Ste 804
New York, NY 10038

My Dental Career & Staffing LL
193 Stanley Rd
Fayetteville, GA 30214

My Kidz Dentist
Of Fayetteville
193 Stanley Rd
Fayetteville, GA 30214

My Kidz Dentist
of Carrolllton LLC
1124 N. Park Street, Ste 202
Carrolllton, GA 30117

Newnan Associates LLC

NuLink
2-A Jackosn Street
Newnan, GA 30263

Opportunity Fund Community Dev
111 W. Saint John Street
San Jose, CA 95113-1113

Ora Labs
18685 E. Plaza Drive
Parker, CO 80134

Patterson Dental
1775 W. Oak Parkway #500
Marietta, GA 30062

Pawnee Leasing Corp
700 Centre Ave
Fort Collins, CO 80528

Payroll Funding Company
10785 W. Twain Ave, Ste 200
Las Vegas, NV 89135

PW Funding LLC
3300 Highlands Pkwy, Ste 290
Smyrna, GA 30082

Quench Water
630 Allendale Rd, Ste 200
King of Prussia, PA 19406

RPM Rewards LLC
340 Youngs Cir
Fayetteville, GA 30215

Stearns Bank NA
500 13th Street
Albany, MN 56307

Total Merchant Resources
377 Hoes Lane , Ste 240
Piscataway, NJ 08854

United Health Care
All Savers
PO Box 31375
Salt Lake City, UT 84131

Viva Healthcare Funding LLC
8981 Castner Drive, ste E
El Paso, TX 79907

Wells Fargo Dealer Services
PO Box 997517
Sacramento, CA 95899

World Business Lending
101 Hudson Street, 33rd Floor
Jersey City, NJ 07302

**United States Bankruptcy Court
Northern District of Georgia (ALL DIVISIONS)**

In re **My Kidz Dentist PC**

Debtor(s)

Case No.
Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **My Kidz Dentist PC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

December 13, 2019
Date

/s/ Ian M. Falcone

Ian M. Falcone 254470

Signature of Attorney or Litigant
Counsel for **My Kidz Dentist PC**
The Falcone Law Firm, P.C.

**363 Lawrence Street
Marietta, GA 30060
(770) 426-9359 Fax:(770) 426-8968
attorneys@falconefirm.com**